

Sandia Bulletin



January 30, 2004

SANDIA CORPORATION SELF-INSURED VOLUNTARY SHORT-TERM DISABILITY BENEFITS PLAN FOR CALIFORNIA EMPLOYEES

Attached is a restatement of Sandia Corporation's Self-Insured Short-Term Disability Benefits Plan for California Employees, effective January 1, 2004 (the "Plan"). Please destroy the plan document provided to you with Sandia Bulletin dated January 31, 2003, and file this bulletin and the attached Plan in your Employee Benefits Binder. This bulletin is for informational purposes only – no action is necessary. If you have questions about the Plan or related matters, please call Barbara Allen, (925) 294-1524.

California law requires that employees working in California be covered by a State-regulated short-term disability plan. Effective January 1983, Sandia Corporation ("Sandia") adopted the Plan, the latest version of which is attached, in order to meet these requirements.

In September 2002, California enacted a new law requiring employers to provide Paid Family Leave (PFL) to their employees, beginning effective July 1, 2004. The attached plan has been revised to incorporate the required PFL benefit. Some of the significant features of this new benefit are highlighted below. Please refer to the attached plan document for further details concerning PFL. Additional information is available at <http://www.edd.ca.gov/direp/difla.htm>.

- PFL is a component of the State Disability Insurance (SDI) program. Generally, PFL extends disability benefits to employees who take leave in order to care for a child, spouse, parent or domestic partner who is seriously ill, or to bond with a new child in connection with birth, adoption, or foster care placement.
- Benefits are payable for PFL claims that begin on or after July 1, 2004. PFL weekly benefits are paid at the same rate as SDI benefit amounts. Subject to a seven-day waiting period, up to six weeks of PFL benefits may be paid during a 12-month period. Before receiving PFL benefits, an employee must take one week of accrued unused vacation leave, or all accrued vacation leave, whichever is less. Vacation leave taken pursuant this requirement will be credited towards the seven-day waiting period for PFL payments.
- In order to cover the initial cost of PFL benefits, beginning January 1, 2004, through December 31, 2005, Sandia will deduct .08% from participating employees' compensation for contribution to the Plan, in accordance with California law. The maximum contribution per employee for PFL will be \$55.06 in 2004 and \$63.53 in 2005.
- For SDI claims beginning on or after January 1, 2004 (including PFL claims, which are available beginning July 1, 2004), the maximum weekly benefit will be \$728. For SDI claims beginning on or after January 1, 2005 (including PFL claims), the maximum weekly benefit will be \$840.

Sandia is required to offer each employee the opportunity to drop coverage under the Plan and elect instead to be covered under California's disability program. Sandia believes that employees may prefer to remain covered under the Plan because the California program requires employees to contribute 1.18% of their compensation (up to certain limits), of which .08% is attributable to PFL, with the remaining 1.10% attributable to other SDI benefits. By contrast, under the Plan, Sandia pays the entire cost of non-PFL coverage (1.10%), while employees pay only the PFL portion (.08%). If, however, you wish to elect California coverage, you should contact Barbara Allen, (925) 294-1524.

(RP:8527)

AUTOMATIC COVERAGE FOR ALL EMPLOYEES

SANDIA CORPORATION SELF-INSURED VOLUNTARY SHORT-TERM DISABILITY BENEFITS PLAN FOR CALIFORNIA EMPLOYEES

As Amended and Restated Effective January 1, 2004

- I. **PURPOSE OF PLAN.** The purpose of this Sandia Corporation Self-Insured Voluntary Short-Term Disability Benefits Plan For California Employees (the “Plan”) is to provide short-term benefits to certain employees of Sandia Corporation (“Sandia”) who incur a covered disability, or who take leave to care for eligible family members. Sandia originally adopted the Plan effective January 1983, and subsequently amended and restated the Plan on various occasions. The Plan is hereby amended and restated effective January 1, 2004 as set forth below, to incorporate the requirements of the California Paid Family Leave program, a component of the California Unemployment Insurance Code, and to make other revisions intended to clarify the operation of the Plan.

II. **DEFINITIONS.**

Capitalized terms used in the Plan shall have the meanings set forth below:

- A. “**Department**” means the California Employment Development Department.
- B. “**Disability**” means any of the following to happen to a Participant: (i) the Participant becomes disabled by any physical or mental illness or injury, including pregnancy, childbirth, or related medical condition, so as to prevent performance of regular or customary work; (ii) the Participant is ordered not to work by a written order from a State or local health officer because the individual is infected with, or suspected of being infected with, a communicable disease; (iii) the Participant is referred or recommended by competent medical authority to an approved alcoholism recovery home to participate as a resident in an approved alcoholism recovery program; or (iv) the Participant is referred or recommended by a competent medical authority to an approved drug-free residential facility to participate as a resident in an approved drug-free residential program.
- C. “**Disability Leave**” means any day or period during which a Participant is absent from work as a result of his or her Disability.
- D. “**Eligible Family Member**” means a Participant’s (i) child, for the first year after the child’s birth or placement with the Participant; or (ii) child, parent, spouse or domestic partner who, in each case, is suffering from a serious health condition. For this purpose:
1. a “child” means the Participant’s biological, adopted or foster child, a stepson or stepdaughter, a legal ward, a child of a domestic partner (within the meaning of section 297 of the California Family Code, as amended), or a child with respect to whom the Participant stands in loco parentis;
 2. a “parent” means a biological, foster, or adopted parent, a stepparent, a legal guardian, or other person who stood in loco parentis to the Participant when the Participant was a child; and
 3. a “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential

health care facility, or continuing treatment or continuing supervision by a health care provider (within the meaning of section 12945.2 of the California Government Code, as amended).

- E. “Employee” means any person classified as an employee by Sandia who performs services for Sandia in California, and who is either (i) a full-time employee, (ii) a part-time employee who works more than half of the hours in a work week, or (iii) a short-term employee who works more than two consecutive weeks.
- F. “Family Leave” means any day or period during which a Participant is unable to perform his or her regular or customary work because the Participant is absent from work in order to (1) care for an Eligible Family Member described under Section D.(i) above, or (2) bond with an Eligible Family Member described in Section D.(ii).
- G. “Participant” means an Employee who is covered under the Plan pursuant to the terms of Section III below.
- H. “Plan” means this Sandia Corporation Self-Insured Voluntary Short-Term Disability Benefits Plan For California Employees, as amended and restated effective January 1, 2004.
- I. “Sandia” means the Sandia Corporation, the sponsor of the Plan.

III. ELIGIBILITY AND COVERAGE. Each Employee on January 1, 2004 is covered under the Plan as a Participant, unless the Employee rejects coverage in writing. Persons who become Employees after that date are covered and become Participants as of their first day as an Employee, unless the Employee rejects coverage in writing. Any Employee who has rejected or withdrawn from coverage and subsequently wishes to be covered must make request for coverage in writing, in which case coverage will be effective no sooner than the first day of the following calendar quarter.

IV. BENEFITS

- A. Benefit Commencement Dates. Benefits under the Plan for Disability Leaves are payable on or after January 1, 2004. Benefits under the Plan for Family Leaves are payable only with respect to leaves beginning on or after July 1, 2004.
- B. Wage Based Benefit. Subject to the applicable limitations set forth in this Plan, benefits under the Plan are payable to a Participant for each day of the Participant’s Disability Leave or Family Leave. The Participant will be paid benefits for the leave period in such amounts as set forth under the Weekly Benefit Chart, attached hereto under Appendix A, based on the Participant’s highest quarter of wages received by the Participant during one of the 12-month “base periods” set out in the table below, as applicable. For this purpose, “wages” means compensation paid to the Participant from which California disability insurance was contributed to the State disability fund.

<i>If the Participant’s claim begins in</i>	<i>The Participant’s base period is the 12-month period ending the prior</i>
Jan/Feb/Mar	September 30 th
Apr/May/Jun	December 31 st
Jul/Aug/Sept	March 31 st
Oct/Nov/Dec	June 30 th

C. Benefit Caps.

1. Weekly benefit. The maximum weekly benefit under the Plan is (i) \$728 for a Disability Leave beginning on or after January 1, 2004, or a Family Leave beginning on or after July 1, 2004, and (ii) \$840 for a Disability Leave or Family Leave beginning on or after January 1, 2005.
2. Total benefit. The maximum benefits payable under the Plan are (i) for a single Disability Leave period, 52 times the weekly benefit amount, and (ii) for a single Family Leave period, six times the weekly benefit amount. In addition, no more than six weeks of Family Leave benefits will be paid to a Participant within any 12-month period.

D. Waiting Period.

1. Disability Leave. Weekly benefits for Disability Leave will commence on the earlier of (i) the 8th day of Disability Leave, or (ii) the first day of treatment in a hospital surgical unit or a surgical clinic requiring a stay of less than 24 hours when the individual is disabled at least eight days during the Disability Leave as a result of such treatment.
2. Family Leave. Weekly benefits for Family Leave will commence as of the 8th day of Family Leave. No benefits shall be payable under the Plan for the seven preceding days of Family Leave. Any vacation leave taken by a Participant pursuant to section VII.H. shall be applied to such seven-day waiting period.

E. Leave Periods. The waiting period under Section D. above shall apply to each leave period (i.e., each period of Family Leave or Disability Leave). For such purpose, the following rules shall apply:

1. Disability Leave. Two consecutive periods of Disability Leave due to the same or related cause or conditions and separated by a period of not more than 14 consecutive calendar days shall be treated as one leave period.
2. Family Leave. Periods of Family Leave taken within a 12-month period by a Participant to care for the same Eligible Family Member shall be treated as one leave period.
3. Concurrent Leave. Periods of Disability Leave taken by a Participant for pregnancy and periods of Family Leave taken by such Participant for bonding associated with the birth of that child shall be treated as one leave period.

F. Redirection of Benefits. An individual eligible to receive benefits under the Plan may choose to redirect a portion of his/her weekly benefit to cover all or part of the cost of employee-paid benefits. In order to allow Sandia to redirect a portion of the Plan benefit, the Participant must designate in writing, on a form available from Sandia, the weekly amount to be redirected for payment of the employee-paid benefit. This redirection may be initiated at the time the Participant applied for Plan benefits or at any time while receiving benefits under the Plan. The Participant may terminate or change the terms of the Plan redirection of benefits at any time while receiving benefits under the Plan.

V. PARTICIPANT CONTRIBUTIONS.

- A. Disability Leave. Disability Leave benefits under the Plan are funded entirely by Sandia contributions.
- B. Family Leave. In order to fund Family Leave benefits, Participants must, beginning January 1, 2004 and continuing through and including December 31, 2005, contribute .08% of their compensation, up to \$55.06 per Participant in 2004 and \$63.53 per Participant in 2005. Sandia will automatically deduct such amounts from each Participant's compensation for contribution to the Plan.

VI. LIMITATIONS ON DISABILITY LEAVE BENEFITS. The following limitations shall apply with respect to Disability Leave benefits:

- A. No benefits are payable for any day for which the Participant receives wages from Sandia, except that such benefits will be paid for any seven-day week or partial week, in an amount not to exceed his/her maximum weekly amount, which together with the wages does not exceed his/her weekly wage, exclusive of wages paid for overtime work, immediately prior to the commencement of Disability Leave.
- B. No benefits are payable for any Disability which is not supported by a certificate from a physician, surgeon, optometrist, dentist, osteopath, chiropractor, podiatrist, qualified licensed psychologist or, with respect to normal pregnancy and childbirth related disabilities only, a licensed midwife, a nurse midwife or nurse practitioner, stating the medical facts within his/her knowledge, his/her conclusion with respect to the Disability of the Participant, and his/her opinion with respect to the probable duration of the illness, except that a certificate showing a Participant has been referred or recommended by competent medical authority to participate as a resident in either an alcoholism recovery program or drug-free residential facility need not show actual disability.
- C. In the absence of any other disabling condition, benefits for alcoholism recovery treatment will be paid for a period not to exceed 30 days. The Participant shall be eligible for Disability benefits for an additional period not in excess of 60 days if the referring physician certifies to the need for continuing resident services.
- D. In the absence of any other disabling condition, benefits for drug recovery treatment will be paid for a period not to exceed 45 days. The Participant shall be eligible for Disability benefits for an additional period not to exceed 45 days if the referring physician certifies to the need for continuing resident services. If a Participant is hospitalized in, or under the care of, any medical facility of the United States Government, a certificate as to the Participant's Disability, signed by any authorized medical officer of such facility, will be acceptable. If a Participant is hospitalized in a county hospital in the State or hospitalized by said county hospital in another hospital, a certificate stating the date that the physician ordered the confinement and the duration of the confinement and signed by the registrar of the hospital will be acceptable. However, such a certificate is not required if the Participant submits evidence of receipt of temporary disability benefits under a workers' compensation law for any day for which he/she is entitled to receive unemployment compensation disability benefits (reduced by such temporary workers' compensation benefits).
- E. If any Participant in good faith adheres to the teachings of any bona fide church, sect, denomination, or organization and depends for healing entirely upon prayer or spiritual means, the certificate of a duly authorized or accredited practitioner of such bona fide church, sect,

denomination or organization as to the disability of the claimant and the estimated duration of such disability will be accepted.

- F. No benefits are payable for any day of unemployment and Disability for which the Participant receives, or is entitled to receive, benefits or cash payments for: a) temporary disability indemnity, under a workers' compensation or employer liability law of this state, or any other state, or the federal government; b) a maintenance allowance, except when certain conditions are met; or c) permanent disability benefits for the same injury or illness under the workers' compensation law of this state, any other state, or the federal government. If such cash payments for: a) temporary disability; b) maintenance allowance combined with permanent disability indemnity; or c) permanent disability, are less than the amount an individual would otherwise receive as a disability benefit under the Plan, he or she shall be entitled to receive, for such day, if otherwise eligible, Disability benefits under the Plan, reduced by the amount of such payments.
- G. No benefits are payable for any period of Disability for which benefits are payable under any unemployment compensation act of the United States or of any state.
- H. No benefits are payable to an individual: a) who is incarcerated, in any federal, state, or municipal penal institution, jail, medical facility, public or private hospital, or in any other place because of a criminal conviction of a federal, state, or municipal law or ordinance; or b) who commits a crime and is disabled due to an illness or injury, caused by, or arising out of the commission of, arrest, investigation, or prosecution of any crime that results in a felony conviction.
- I. No benefits are payable to a Participant for any day for which the Participant is paid Family Leave benefits under the Plan.

VII. LIMITATIONS ON FAMILY LEAVE BENEFITS. The following limitations shall apply with respect to Family Leave benefits:

- A. No benefits are payable for any day for which the Participant receives wages from Sandia, except that such benefits will be paid for any seven-day week or partial week, in an amount not to exceed his/her maximum weekly amount, which together with the wages does not exceed his/her weekly wage, exclusive of wages paid for overtime work, immediately prior to the commencement of Family Leave.
- B. If a Participant takes leave to care for an Eligible Family Member with a serious health condition, no benefits are payable unless the Participant files a certificate with Sandia establishing that the serious health condition warrants the Participant's care. Such certificate shall contain all of the following: (i) a diagnosis and diagnostic code prescribed in the International Classification of Diseases, or, where no diagnosis has yet been obtained, a detailed statement of symptoms; (ii) the date, if known, on which the condition commenced; (iii) the probable duration of the condition; (iv) an estimate of the amount of time that the physician or practitioner believes the Participant is needed to care for the child, parent, spouse, or domestic partner; and (v) a statement that the serious health condition warrants the participation of the Participant to provide care (including, but not limited to, providing psychological comfort, arranging "third party" care for the child, parent, spouse, or domestic partner, as well as directly providing, or participating in, the medical care) for his or her child, parent, spouse, or domestic partner.

- C. No benefits are payable for any period of Family Leave for which unemployment compensation benefits are payable under any unemployment compensation act of the United States or of any state.
- D. No benefits are payable for any day of unemployment or Family Leave for which the Participant receives, or is entitled to receive, benefits or cash payments for: a) temporary disability indemnity, under a workers' compensation or employer liability law of this state, or any other state, or the federal government; b) a maintenance allowance, except when certain conditions are met; or c) permanent disability benefits for the same injury or illness under the workers' compensation law of this state, any other state, or the federal government. If such cash payments for: a) temporary disability; b) maintenance allowance combined with permanent disability indemnity; or c) permanent disability, are less than the amount an individual would otherwise receive as a disability benefit under the Plan, he or she shall be entitled to receive, for such day, if otherwise eligible, Family Leave benefits under the Plan, reduced by the amount of such payments.
- E. No benefits are payable to a Participant with respect to any day that another family member is able and available for the same period of time that the Participant is providing the required care.
- F. No benefits are payable to a Participant for any day for which the Participants is paid Disability Leave benefits under the Plan.
- G. A Participant who is entitled to take leave under the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) must take Family Leave concurrent with leave taken under the FMLA and CFRA.
- H. No benefits are payable unless, prior to a Participant's initial receipt of Family Leave benefits, the Participant takes one week of accrued unused vacation leave, or all of his or her unused accrued vacation leave, whichever is less. Any vacation leave taken by a Participant under this provision shall be credited to the Participant's waiting period for Family Leave benefits.

VIII. PRORATION OF BENEFITS. In case of any period of Disability for which a Participant entitled to benefits hereunder is simultaneously covered by one or more other plans (including voluntary plans and the State Disability Fund), and accordingly is entitled to other unemployment compensation disability benefits on account of the same Disability, the amount payable for such period shall be:

The amount, if any, by which the benefits to which the Participant otherwise would have been entitled under the Plan exceeds the benefits to which he/she would have been entitled under the California Unemployment Insurance Code if he/she were not covered by any voluntary plans, plus the quotient of the amount of benefits to which the Participant would have been entitled under the California Unemployment Insurance code if he/she were not covered by any voluntary plan, divided by the number of plans (including voluntary plans and the State Disability Fund) under which he/she is simultaneously entitled to benefits.

IX. TERMINATION OF INDIVIDUAL COVERAGE. A Participant's coverage under the Plan will terminate on the earliest of the following:

- A. The termination of the Participant's status as an Employee; or
- B. The 16th day following an unpaid layoff or leave of absence; or

- C. As of the beginning of any calendar quarter after the Participant has given written notice of withdrawal from the Plan; or
- D. On termination of the Plan.

X. OTHER REQUIREMENTS.

- A. Security (a bond) as required by the Department will be deposited by Sandia to secure the operation of the Plan. The amount of the deposit shall be deposited with the State Treasurer for the purpose herein specified.
- B. Sandia agrees to furnish to the Department the information, reports, and records required for the proper administration of the Plan.
- C. Sandia agrees to pay all valid assessments or charges levied by the Department in accordance with the California Unemployment Insurance Code.
- D. The Plan shall continue in effect for a period of one year, from January 1, 2004 and continuously thereafter unless 30 days' advance written notice is given of the termination of the Plan. Termination shall be effective only on the anniversary of the effective date of the Plan next following the filing of the notice; except that the Plan may be terminated on the operative date of any law increasing the benefit amounts provided by sections 2653 and 2655 of the Unemployment Insurance Code, or the operative date of any change in the rate of contributions, as determined by section 984 of the California Unemployment Insurance Code, if notice of such termination of the Plan is transmitted to the Department not less than 30 days prior to the operative date of such increase or change.
- E. Assembly Bill 3092 provides for the release of any information maintained by the Department to the Federal Department of Health and Human Services, Office of Child Support Enforcement, Federal Parent Locator Service, to administer its child support programs under Title IV of the Social Security Act. Senate Bill 2053 provides for the releases of wage and claim information maintained by the Department to county probation departments to: (1) locate victims of crime who are entitled to restitution; (2) assist in the collection of money owed to a county or the state. It is a misdemeanor to unlawfully disclose or improperly obtain such information.

XI. COMPLIANCE. Sandia hereby guarantees that each Participant covered by the Plan will in all respects be afforded rights at least equal to those afforded by the State Disability Fund and will receive a weekly rate and maximum amount and duration of benefits at least equal to those which he/she would have received from the State Disability Fund but for his/her coverage by the Plan.

XII. CLAIMS.

- A. Disability Leave. On the third day of a Participant's sickness absence, the Participant's supervisor will send to the Participant a blank Physician's Certificate of Disability.

The Participant should follow the instructions on the Certificate. In order to be paid benefits for any sickness absence of more than seven calendar days, the Participant must see his/her personal physician, who should complete the Physician's Certificate of Disability and return it to Sandia's Benefits and Health Services Department 8527. The Benefits Administrator in the Benefits and Health Services Department, 8527, must receive notification of the benefits claim within 49 days of the first compensable day in order for the Participant to receive benefits under the Plan, without penalty.

Continued medical certification must be submitted within twenty days of the date the claimant is issued a notice of final payment or request for additional medical certification, whichever is later.

A report is made by Sandia on "Report of Voluntary Plan Claim, DE 2523" and mailed to any Employment Development Department Disability Insurance Field Office. If a claim is disallowed for any reason and no benefits are paid, a DE 2523 is required and a copy of the denial letter to the claimant must be attached. The only time a report is not required is when the period of Disability is less than eight days and there is no hospitalization involved.

When a voluntary plan claim is filed, the Participant will receive a Notice of Computation (DE 429D) from the State. This shows the weekly and maximum benefits amounts he/she would receive under the State Plan. By law, this is the minimum payable under the Plan. If the Participant were in the military service, received workers' compensation benefits, or did not work because of a trade dispute during the base period on which the State benefit amount was calculated, he/she may be able to substitute wages paid in prior quarters to establish or increase the benefit amounts. If the Notice of Computation shows no benefits due because of extended unemployment during the base period, the Participant may also be able to substitute wages paid in prior quarters.

If a Participant who is claiming benefits receives notice from the State that an award of benefits is invalid due to insufficient qualifying earnings, that Participant may be entitled to further benefit considerations under the benefit rights of the long-term unemployed. The Participant should contact Sandia's Benefits organization or the State Disability Insurance field office in the local area for further information.

- B. Family Leave. Claims for Family Leave benefits shall be processed in accordance with regulations or other governing rules issued by the Department or other authority under the California Paid Family Leave Program.

- XIII. APPEALS. An individual who is denied coverage or benefits, in part or in whole (for whatever reason, including partial benefits based upon a possible incorrect computation of benefits) under the Plan, may appeal the denial. Appeals may be made in person or in writing at any office of the Department within 20 days from the date the notice of denial was mailed. Written appeals must be signed and shall include the Participant's name and social security account number, as well as the name of the employer and the reason for filing the appeal.

The Department and Sandia may reconsider a determination for benefits within 30 days after an appeal has been filed within Administrative Law Judge.

Benefits and Health Services Department, 8527
January 2004

APPENDIX A

Sandia Corporation Self-Insured Short-Term Disability Benefits Plan for California Employees

Weekly Benefit Chart

(This chart reflects maximum weekly benefit amounts for claims beginning on
January 1, 2004, through December 31, 2004.)

This chart shows your weekly benefit based on your highest quarter of earnings in your base period.

If your claim begins in

Your base period is the 12 months ending last

January, February, or March.....	September 30
April, May, or June.....	December 31
July, August, or September.....	March 31
October, November, or December.....	June 30

Wages in the High Quarter:	Weekly Benefit Amount:	Wages in the High Quarter:	Weekly Benefit Amount:	Wages in the High Quarter:	Weekly Benefit Amount:
\$75.00 – 1,374.99.....	\$50–59	8,249.10 – 8,485.45....	350–359	15,340.01 – 15,576.36...	650–659
1,375.00 – 1,624.99.....	60–69	8,485.46 – 8,721.82....	360–369	15,576.37 – 15,812.72...	660–669
1,625.00 – 1,867.27.....	70–79	8,721.83 – 8,958.18....	370–379	15,812.73 – 16,049.09...	670–679
1,867.28 – 2,103.63.....	80–89	8,958.19 – 9,194.54....	380–389	16,049.10 – 16,285.45...	680–689
2,103.64 – 2,340.00.....	90–99	9,194.55 – 9,430.91....	390–399	16,285.46 – 16,521.82...	690–699
2,340.01 – 2,576.36.....	100–109	9,430.92 – 9,667.27....	400–409	16,521.83 – 16,758.18...	700–709
2,576.37 – 2,812.72.....	110–119	9,667.28 – 9,903.63....	410–419	16,758.19 – 16,994.54...	710–719
2,812.73 – 3,049.09.....	120–129	9,903.64 – 10,140.00...	420–429	16,994.55 – 17,183.63...	720–727
3,049.10 – 3,285.45.....	130–139	10,140.01 – 10,376.36...	430–439	17,183.64 and above.....	728
3,285.46 – 3,521.82.....	140–149	10,376.37 – 10,612.72...	440–449		
3,521.83 – 3,758.18.....	150–159	10,612.73 – 10,849.09...	450–459		
3,758.19 – 3,994.54.....	160–169	10,849.10 – 11,085.45...	460–469		
3,994.55 – 4,230.91.....	170–179	11,085.46 – 11,321.82...	470–479		
4,230.92 – 4,467.27.....	180–189	11,321.83 – 11,558.18...	480–489		
4,467.28 – 4,703.63.....	190–199	11,558.19 – 11,794.54...	490–499		
4,703.64 – 4,940.00.....	200–209	11,794.55 – 12,030.91...	500–509		
4,940.01 – 5,176.36.....	210–219	12,030.92 – 12,267.27...	510–519		
5,176.37 – 5,412.72.....	220–229	12,267.28 – 12,503.63...	520–529		
5,412.73 – 5,649.09.....	230–239	12,503.64 – 12,740.00...	530–539		
5,649.10 – 5,885.45.....	240–249	12,740.01 – 12,976.36...	540–549		
5,885.46 – 6,121.82.....	250–259	12,976.37 – 13,212.72...	550–559		
6,121.83 – 6,358.18.....	260–269	13,212.73 – 13,449.09...	560–569		
6,358.19 – 6,594.54.....	270–279	13,449.10 – 13,685.45...	570–579		
6,594.55 – 6,830.91.....	280–289	13,685.46 – 13,921.82...	580–589		
6,830.92 – 7,067.27.....	290–299	13,921.83 – 14,158.18...	590–599		
7,067.28 – 7,303.63.....	300–309	14,158.19 – 14,394.54...	600–609		
7,303.64 – 7,540.00.....	310–319	14,394.55 – 14,630.91...	610–619		
7,540.01 – 7,776.36.....	320–329	14,630.92 – 14,867.27...	620–629		
7,776.37 – 8,012.72.....	330–339	14,867.28 – 15,103.63...	630–639		
8,012.73 – 8,249.09.....	340–349	15,103.64 – 15,340.00...	640–649		